			·				1	Abucano	ı orı	Jocket Nu	mper
PAIENT	APPLICATION Effect	ON FEE D tive Octol			on reco	RD	1	062	31	54	
	CLAIMS A	S FILED (Column		(Colu	mn 2)	SMAI	LΕ	YIIIY	OR	OTHE	R THAN ENTITY
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FOR	FOR		FRED	NUMBER EXTRA		BASIC		 	OR		
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the difference in column 1 is less than zero, enter "0" in column 2					TOT	AL		OR	TOTAL	مرر	
72103	(Column 1)	AMENDE!	D - PART (Column		(Calumn 3)	SMA	LL I	ENTITY	OR	OTHER SMALL	
Total	CLAMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER ESLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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1-20	(Column 1) CLAIMS REMARKING AFTER AMENDMENT		(Column 1924/ES NUMBE	12) (it R'. SLY		+145	FAL EE		OR	+290= TOTAL	 800
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